

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

December 2020

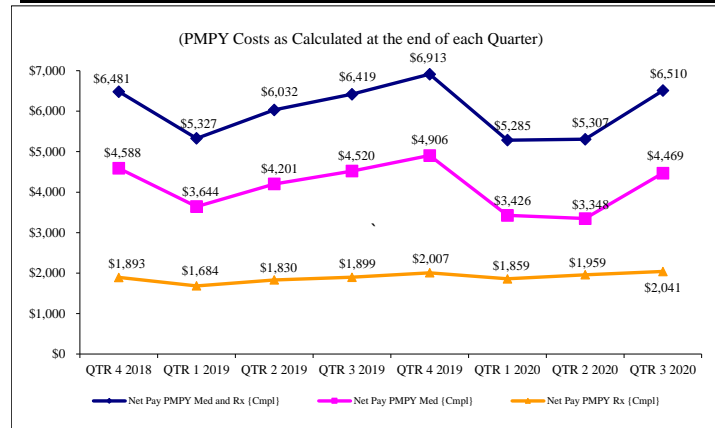
DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH JULY 2020

Includes Projections for Incurred, but Not Yet Reported (IBNR)

Enrollment

Fact	Aug 2018 - Jul 2019	Aug 2019 - Jul 2020	% Change
Employees Avg Med	143,733	142,708	-0.71%
Members Avg Med	262,466	264,496	0.77%
Family Size Avg	1.8	1.9	1.50%
Member Age Avg	36.8	36.6	-0.57%

Net Incurred Claims Cost per Member

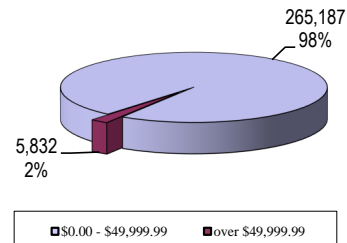


Allowed Claims Costs PMPY with Norms

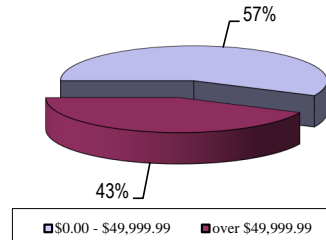
	Aug 2018 - Jul 2019	Aug 2019 - Jul 2020	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$5,051.41	\$4,831.57	-4%	\$5,228.71	-8.22%
Allow Amt PMPY IP Acute {Cmpl}	\$1,411.64	\$1,286.99	-9%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,626.36	\$3,531.93	-3%	\$3,731.47	-5.65%
Allow Amt PMPY OP Fac Med {Cmpl}	\$2,018.68	\$2,017.46	0%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$1,039.25	\$976.15	-6%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$234.68	\$227.23	-3%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$489.77	\$468.45	-4%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$828.00	\$776.53	-6%	\$802.31	-3.32%
Allow Amt PMPY Rx {Cmpl}	\$2,033.09	\$2,170.16	7%	\$1,470.82	32.23%
Out of Pocket PMPY Rx {Cmpl}	\$221.41	\$224.17	1%	\$0.00	N/A

High Cost Claimants Aug 19—Jul 20

% of High Cost Patients



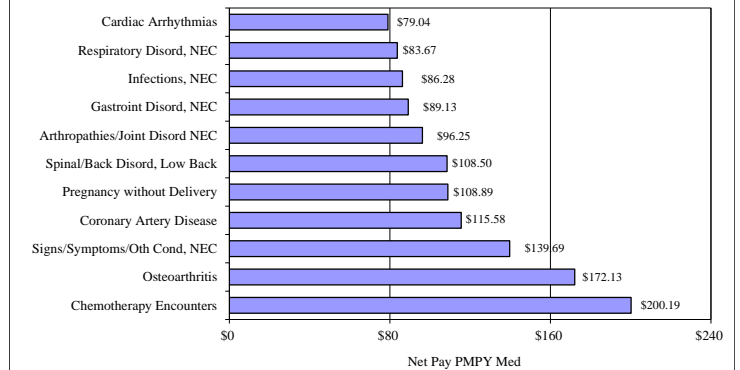
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Aug 2018 - Jul 2019	Aug 2019 - Jul 2020	% Change
Mail Order	Discount Off AWP % Rx	54.36%	54.89%	0.98%
	Scripts Generic Efficiency Rx	97.78%	98.32%	0.55%
Retail	Discount Off AWP % Rx	47.12%	45.79%	-2.84%
	Scripts Generic Efficiency Rx	96.92%	98.30%	1.42%
Total	Discount Off AWP % Rx	49.82%	49.46%	-0.72%
	Scripts Generic Efficiency Rx	97.09%	98.31%	1.26%
	Scripts Maint Rx % Mail Order	23.96%	28.04%	17.04%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Aug 2018 - Jul 2019	Aug 2019 - Jul 2020	% Change
Allow Amt Per Day Adm Acute	\$5,006.77	\$5,096.65	1.80%
Days Per 1000 Adm Acute	282.70	247.45	-12.47%
Allow Amt Per Visit OP Fac Med	\$1,513.71	\$1,604.43	5.99%
Visits Per 1000 OP Fac Med	1,333.34	1,248.40	-6.37%
Allow Amt Per Visit Office Med	\$124.48	\$123.07	-1.13%
Visits Per 1000 Office Med	8,347.51	7,878.92	-5.61%
Allow Amt Per Day Supply Rx	\$3.39	\$3.56	5.03%
Days Supply PMPY Rx	599.57	609.19	1.61%

Cost Drivers—Utilization and Price Trends

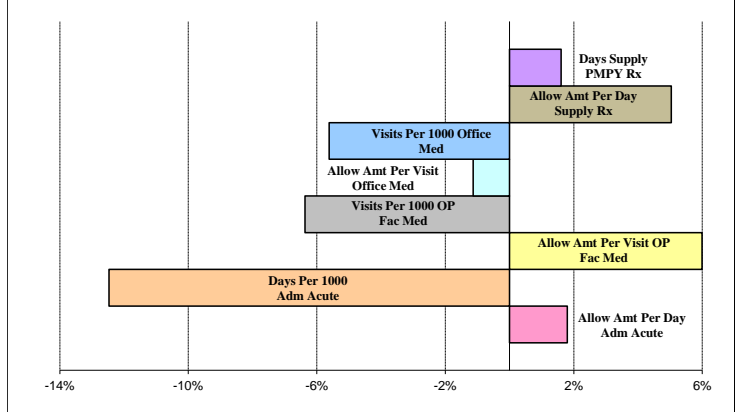


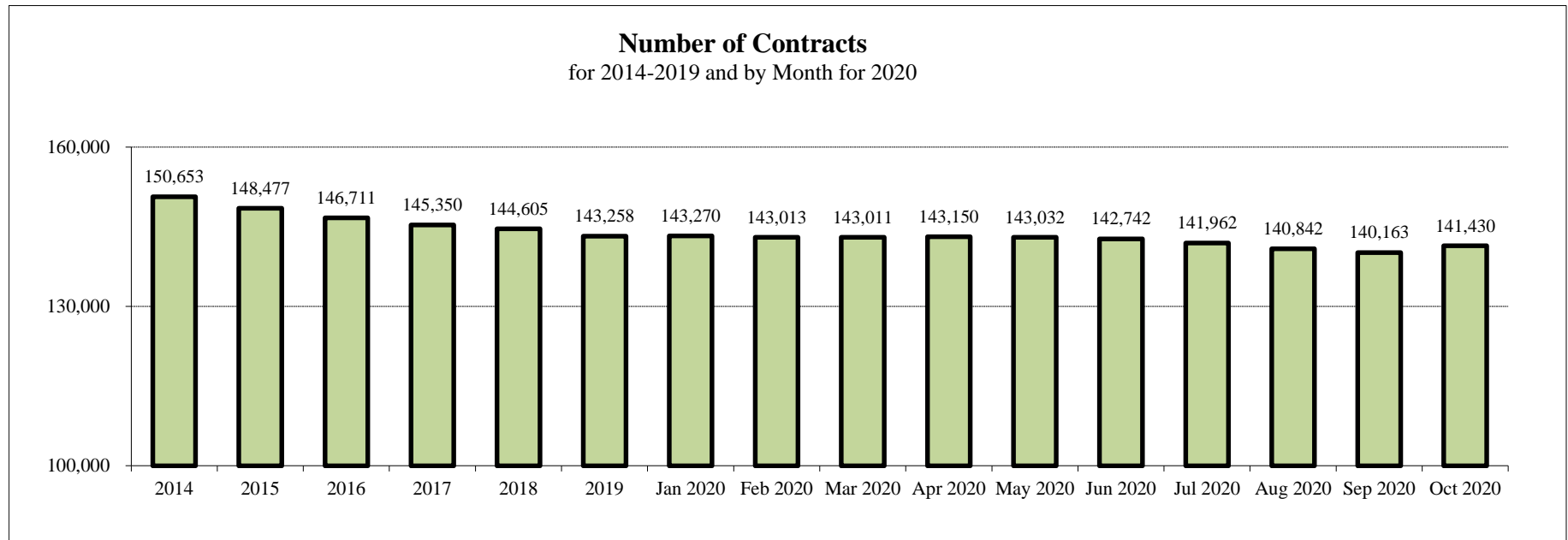
Table of Contents

Enrollment	4-6
Claims Costs	7-13
Medical Claims Utilization	14
Analysis of Deductibles.....	15-16
Analysis of Individuals and Families Meeting their Out of Pocket Expenses	17-20
Premium (or Premium Equivalent).....	21
Rx Utilization.....	22-25
Utilization	26-27
Claims Lag Analysis	28-29
Claims Distribution based on Age/Gender.....	30
Allowed Amount Distribution.....	31
Summary of Enrollment and Claims	32
Introduction	33
Appendix A.....	33
Appendix B—Definitions....	34

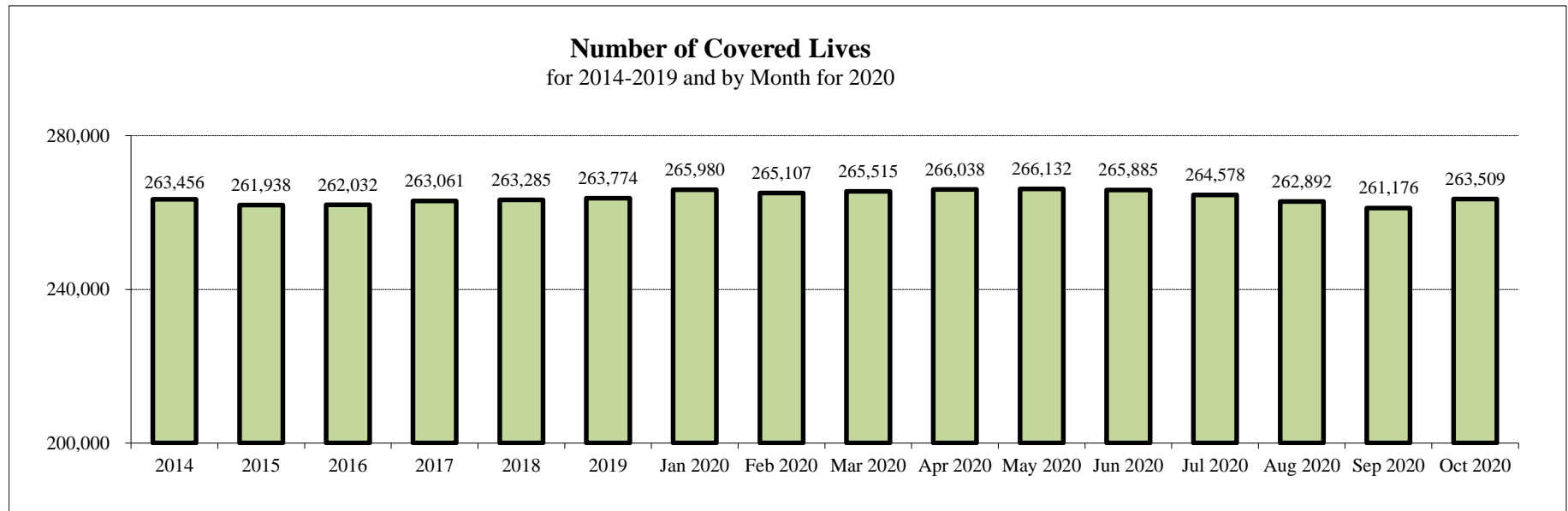
Paid data as of: October 2020
Incurred data as of: July 2020

Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2019 and monthly year-to-date for 2020. Enrollment will fluctuate on a monthly basis. (Approximately 7,000 Cross-Reference spouses in any given month are not included.)

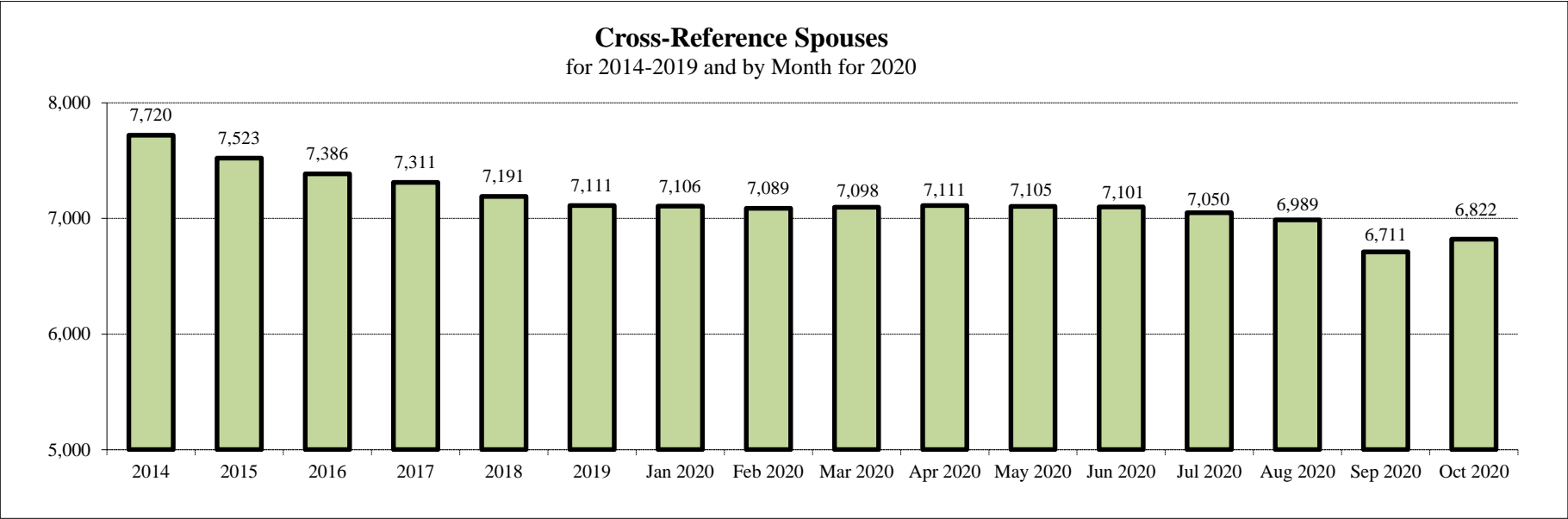


The following chart shows member enrollment (covered lives) for 2014-2019 and monthly year-to-date for 2020. Enrollment will fluctuate on a monthly basis.



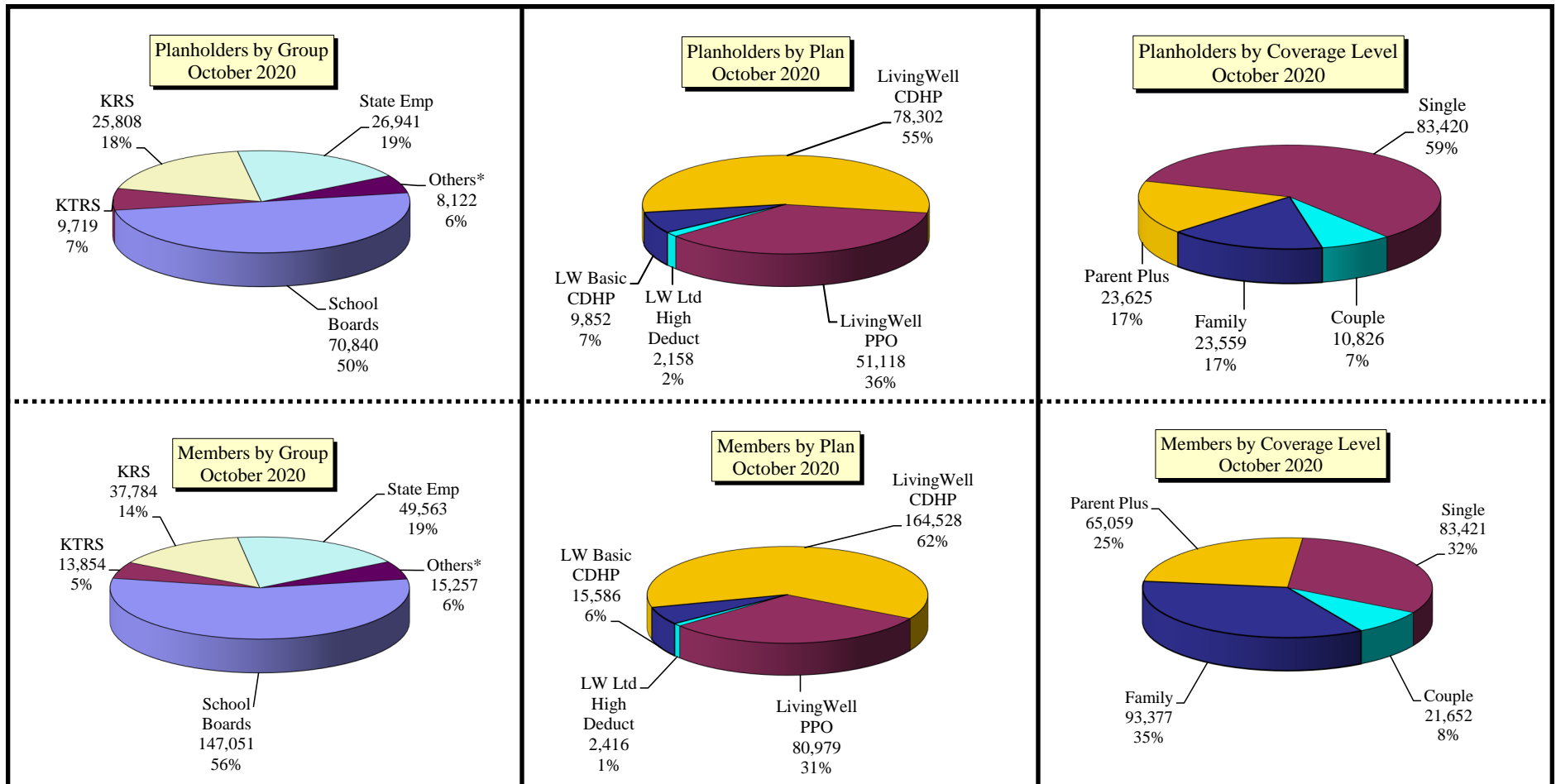
Enrollment *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2019 and monthly year-to-date for 2020. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

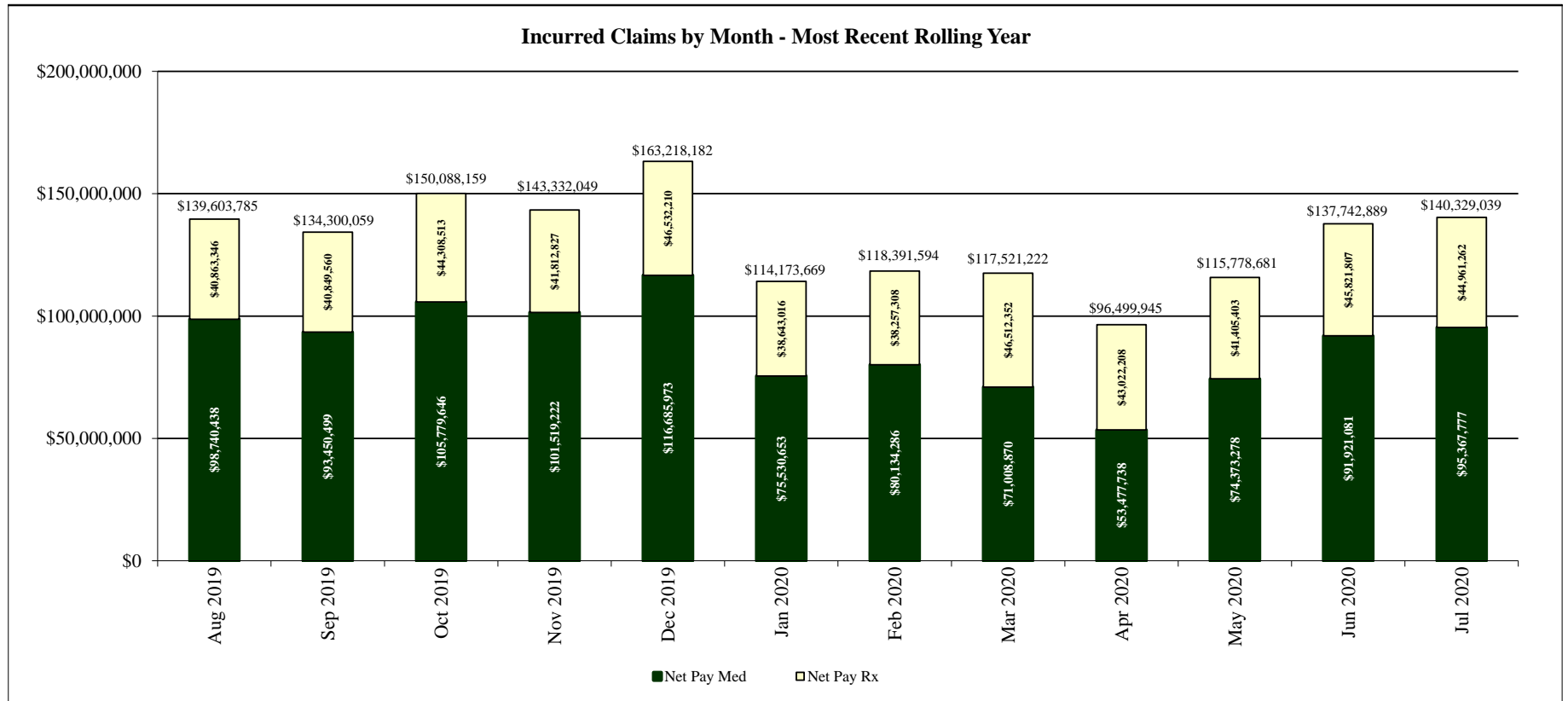
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



Claims Costs *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2019 and monthly year-to-date for 2020.

INCURRED MEDICAL CLAIMS BY GROUP						
Time Period	School Boards	KTRS	KRS	State Employees	Others*	Totals
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,265	\$100,740,841	\$189,171,718	\$159,515,036	\$62,699,633	\$918,401,495
2016	\$435,740,756	\$101,146,437	\$194,916,035	\$172,375,342	\$59,493,914	\$963,672,484
2017	\$455,191,695	\$95,513,039	\$197,611,708	\$177,397,741	\$61,172,947	\$986,887,130
2018	\$483,177,942	\$99,692,900	\$212,409,905	\$186,665,849	\$65,163,897	\$1,047,110,494
2019	\$537,622,731	\$104,059,520	\$225,143,649	\$200,281,742	\$71,161,683	\$1,138,269,325
Jan 2020	\$35,997,618	\$6,708,306	\$15,572,723	\$12,852,715	\$4,399,291	\$75,530,653
Feb 2020	\$37,075,663	\$8,153,162	\$17,172,643	\$12,351,772	\$5,381,046	\$80,134,286
Mar 2020	\$33,056,761	\$6,244,206	\$15,798,130	\$11,405,865	\$4,503,908	\$71,008,870
Apr 2020	\$26,430,274	\$4,102,924	\$10,844,328	\$8,336,866	\$3,763,346	\$53,477,738
May 2020	\$34,598,611	\$6,281,463	\$15,380,805	\$13,079,448	\$5,032,952	\$74,373,278
Jun 2020	\$45,365,159	\$8,344,824	\$17,372,061	\$15,252,145	\$5,586,892	\$91,921,081
Jul 2020	\$47,736,769	\$8,316,122	\$17,568,821	\$15,278,099	\$6,467,967	\$95,367,777

* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2019 and monthly year-to-date for 2020.

INCURRED RX CLAIMS BY GROUP						
Time Period	School Boards	KTRS	KRS	State Employees	Others*	Totals
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,985,096	\$42,244,335	\$74,179,491	\$56,345,078	\$21,644,747	\$323,398,746
2016	\$150,206,049	\$44,006,471	\$82,345,637	\$62,097,368	\$23,887,655	\$362,543,182
2017	\$169,448,080	\$46,569,409	\$89,294,930	\$68,690,782	\$25,682,152	\$399,685,354
2018	\$188,861,701	\$48,505,632	\$98,921,584	\$74,050,364	\$28,077,509	\$438,416,789
2019	\$213,121,157	\$50,389,761	\$110,090,284	\$83,759,735	\$31,880,010	\$489,240,947
Jan 2020	\$16,301,738	\$3,810,702	\$8,967,486	\$6,824,424	\$2,738,666	\$38,643,016
Feb 2020	\$16,988,580	\$3,685,580	\$8,683,953	\$6,443,846	\$2,455,351	\$38,257,308
Mar 2020	\$20,992,396	\$4,425,134	\$10,074,720	\$7,943,447	\$3,076,654	\$46,512,352
Apr 2020	\$19,052,097	\$4,235,301	\$9,553,103	\$7,192,965	\$2,988,742	\$43,022,208
May 2020	\$18,328,932	\$3,918,528	\$9,145,360	\$7,356,977	\$2,655,606	\$41,405,403
Jun 2020	\$20,665,036	\$4,436,116	\$10,031,984	\$7,757,051	\$2,931,620	\$45,821,807
Jul 2020	\$20,140,991	\$4,592,556	\$10,002,635	\$7,318,818	\$2,906,263	\$44,961,262

* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2019 and monthly year-to-date for 2020.

INCURRED MEDICAL CLAIMS BY PLAN								
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	LivingWell Basic CDHP	LW Limited High Deductible	Missing*	Total
2014	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$0	\$0	\$8,215,648	\$1,085,986,030
2015	\$44,667,793	\$42,933,513	\$448,976,661	\$376,288,350	\$0	\$0	\$8,215,648	\$921,081,965
2016	\$53,523,467	\$48,589,204	\$446,510,072	\$408,115,361	\$0	\$0	\$6,842,661	\$963,580,765
2017	\$66,938,779	\$30,774,775	\$411,835,314	\$472,036,290	\$11,960	\$0	\$5,290,012	\$986,887,130
2018	\$85,627,424	\$27,243,609	\$407,418,749	\$522,155,080	\$220,447	\$25,858	\$4,419,328	\$1,047,110,494
2019	\$8,176	\$1,393	\$447,520,974	\$642,852,865	\$29,852,950	\$13,543,195	\$4,489,771	\$1,138,269,325
Jan 2020	\$0	\$0	\$30,362,164	\$42,967,405	\$1,528,790	\$556,294	\$116,001	\$75,530,653
Feb 2020	\$0	\$0	\$31,328,449	\$45,806,626	\$1,670,316	\$981,930	\$346,965	\$80,134,286
Mar 2020	\$0	\$0	\$28,247,312	\$40,014,955	\$1,911,818	\$580,571	\$254,213	\$71,008,870
Apr 2020	\$0	\$0	\$19,826,356	\$31,632,327	\$1,101,991	\$508,884	\$408,180	\$53,477,738
May 2020	\$0	\$0	\$27,986,052	\$43,630,133	\$1,535,791	\$963,713	\$257,589	\$74,373,278
Jun 2020	\$0	\$0	\$34,132,803	\$54,634,835	\$2,154,056	\$680,067	\$319,321	\$91,921,081
Jul 2020	\$0	\$0	\$35,365,627	\$56,500,447	\$2,731,662	\$489,977	\$280,064	\$95,367,777

* Missing means the claims could not be tagged to a specific Health Plan.

Claims Costs *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2019 and monthly year-to-date for 2020.

INCURRED RX CLAIMS BY PLAN								
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	LivingWell Basic CDHP	LW Limited High Deductible	Missing**	Total
2014	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$0	\$0	\$352,968	\$324,618,317
2015	\$16,014,926	\$6,904,578	\$201,586,203	\$98,816,804	\$0	\$0	\$76,235	\$323,398,746
2016	\$19,014,651	\$7,491,440	\$216,158,709	\$119,656,922	\$0	\$0	\$210,122	\$362,531,844
2017	\$22,801,969	\$4,760,588	\$217,240,015	\$154,801,085	\$0	\$5	\$81,691	\$399,685,354
2018	\$32,790,051	\$5,129,215	\$220,318,077	\$180,121,127	\$0	\$0	\$58,319	\$438,416,789
2019	\$36,488	\$329	\$249,509,806	\$231,006,966	\$5,458,631	\$2,961,376	\$267,351	\$489,240,947
Jan 2020	\$0	\$0	\$21,809,986	\$16,268,436	\$423,128	\$133,236	\$8,231	\$38,643,016
Feb 2020	\$0	\$0	\$20,663,372	\$17,055,244	\$397,910	\$128,798	\$11,985	\$38,257,308
Mar 2020	\$0	\$0	\$24,446,126	\$21,434,200	\$477,571	\$149,817	\$4,638	\$46,512,352
Apr 2020	\$0	\$0	\$21,960,458	\$20,427,874	\$447,433	\$182,110	\$4,333	\$43,022,208
May 2020	\$0	\$0	\$21,308,059	\$19,528,644	\$438,002	\$128,546	\$2,152	\$41,405,403
Jun 2020	\$0	\$0	\$23,412,796	\$21,788,770	\$463,866	\$150,369	\$6,006	\$45,821,807
Jul 2020	\$0	\$0	\$22,622,611	\$21,651,140	\$531,431	\$151,417	\$4,663	\$44,961,262

***Missing means the claims could not be tagged to a specific Health Plan.*

Claims Costs *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2019 and monthly year-to-date for 2020.

INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,343,648	\$214,227,846	\$156,724,117	\$428,570,705	\$5,535,178	\$918,401,495
2016	\$115,908,780	\$234,298,626	\$158,406,884	\$450,029,689	\$5,028,505	\$963,672,484
2017	\$125,249,301	\$253,489,908	\$160,158,807	\$442,699,103	\$5,290,012	\$986,887,130
2018	\$134,540,032	\$269,995,745	\$170,726,450	\$467,428,939	\$4,419,328	\$1,047,110,494
2019	\$144,913,660	\$299,944,377	\$195,406,043	\$493,515,473	\$4,489,771	\$1,138,269,325
Jan 2020	\$10,212,752	\$20,186,642	\$11,787,572	\$33,227,686	\$116,001	\$75,530,653
Feb 2020	\$10,545,112	\$20,507,443	\$11,519,518	\$37,215,249	\$346,965	\$80,134,286
Mar 2020	\$10,448,352	\$17,497,852	\$10,756,881	\$32,051,571	\$254,213	\$71,008,870
Apr 2020	\$6,719,938	\$13,640,074	\$9,399,374	\$23,310,171	\$408,180	\$53,477,738
May 2020	\$9,398,590	\$20,562,772	\$12,385,654	\$31,768,673	\$257,589	\$74,373,278
Jun 2020	\$12,844,597	\$24,165,432	\$15,677,364	\$38,914,367	\$319,321	\$91,921,081
Jul 2020	\$11,156,263	\$26,085,851	\$16,160,576	\$41,685,023	\$280,064	\$95,367,777

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2019 and monthly year-to-date for 2020.

INCURRED RX CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,957,491	\$68,806,053	\$45,211,695	\$166,347,272	\$76,235	\$323,398,746
2016	\$48,058,582	\$80,398,062	\$49,757,539	\$184,153,799	\$175,199	\$362,543,182
2017	\$52,795,745	\$92,113,848	\$55,352,719	\$199,341,350	\$81,691	\$399,685,354
2018	\$55,671,457	\$104,433,961	\$60,725,399	\$217,527,655	\$58,319	\$438,416,789
2019	\$63,897,379	\$119,145,030	\$70,465,096	\$235,466,090	\$267,351	\$489,240,947
Jan 2020	\$4,952,161	\$9,450,948	\$5,502,597	\$18,729,079	\$8,231	\$38,643,016
Feb 2020	\$4,863,345	\$9,413,334	\$5,646,810	\$18,321,835	\$11,985	\$38,257,308
Mar 2020	\$5,670,620	\$11,694,426	\$6,958,435	\$22,184,233	\$4,638	\$46,512,352
Apr 2020	\$5,811,501	\$10,953,661	\$6,093,131	\$20,159,581	\$4,333	\$43,022,208
May 2020	\$5,480,116	\$10,181,098	\$5,927,678	\$19,814,359	\$2,152	\$41,405,403
Jun 2020	\$5,774,156	\$11,243,788	\$6,766,233	\$22,031,625	\$6,006	\$45,821,807
Jul 2020	\$5,986,496	\$11,091,281	\$6,662,463	\$21,216,359	\$4,663	\$44,961,262

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on Incurred Medical Claims* from Jan—Jul 2020.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	49.64	55.67	-10.83%	4.19	4.44	-5.75%	207.90	247.36	-15.95%
LivingWell PPO	54.07	58.70	-7.89%	4.58	4.81	-4.86%	247.53	271.41	-8.80%
LW Limited High Deductible	81.87	64.15	27.63%	7.31	5.88	24.23%	598.53	292.56	104.58%
LivingWell Basic CDHP	24.20	54.41	-55.53%	4.29	4.85	-11.72%	103.68	234.35	-55.76%
Average	49.77	56.60	-12.07%	4.36	4.60	-5.11%	217.15	254.38	-14.63%

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	7,049.14	6,764.37	4.04%	152.85	226.57	-48.22%
LivingWell PPO	8,389.95	7,503.74	10.56%	173.60	230.03	-32.50%
LW Limited High Deductible	4,211.96	7,362.04	-74.79%	253.56	232.81	8.18%
LivingWell Basic CDHP	4,340.96	6,507.36	-49.91%	126.67	228.06	-80.04%
Average	7,280.04	6,982.14	4.09%	158.53	227.78	-43.68%

Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

OP—Outpatient

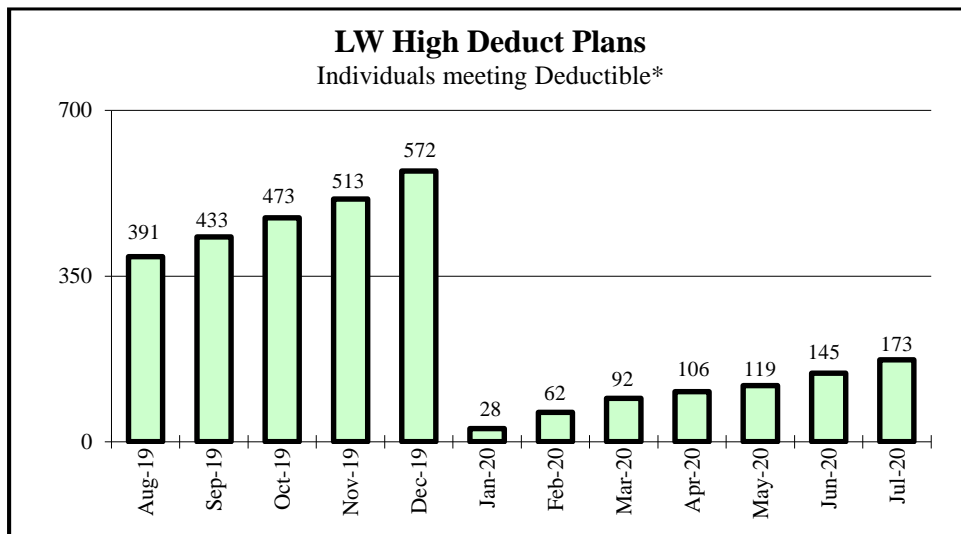
OP Rad—Outpatient Radiology

Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	% Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	7,700.00	7,967.65	-3.36%	1,891.26	1,915.70	-1.28%
LivingWell PPO	10,084.24	9,174.52	9.92%	2,487.11	2,378.35	4.57%
LW Limited High Deductible	7,050.41	9,635.09	-26.83%	1,652.51	2,276.69	-27.42%
LivingWell Basic CDHP	5,064.31	7,935.61	-36.18%	1,190.73	1,840.14	-35.29%
Average	8,274.80	8,351.57	-0.92%	2,031.82	2,056.89	-1.22%

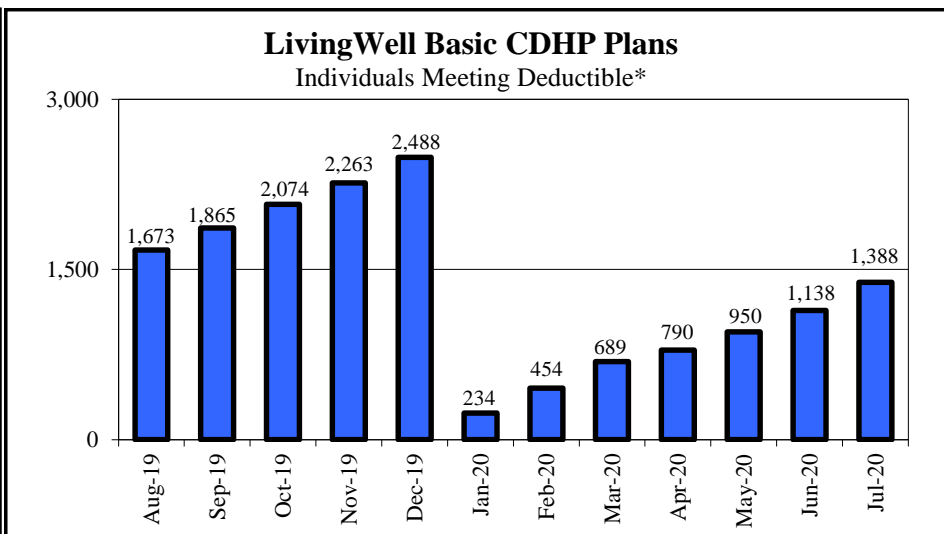
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

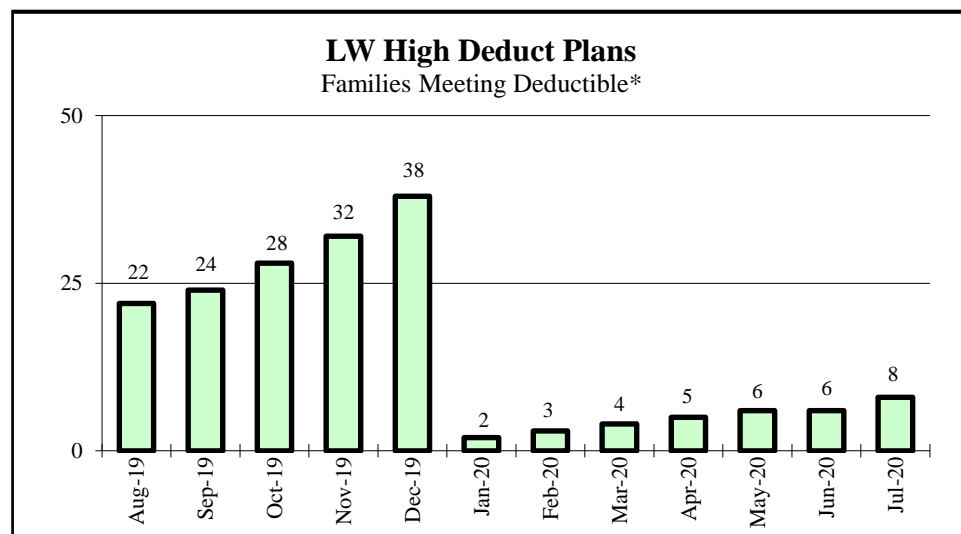
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



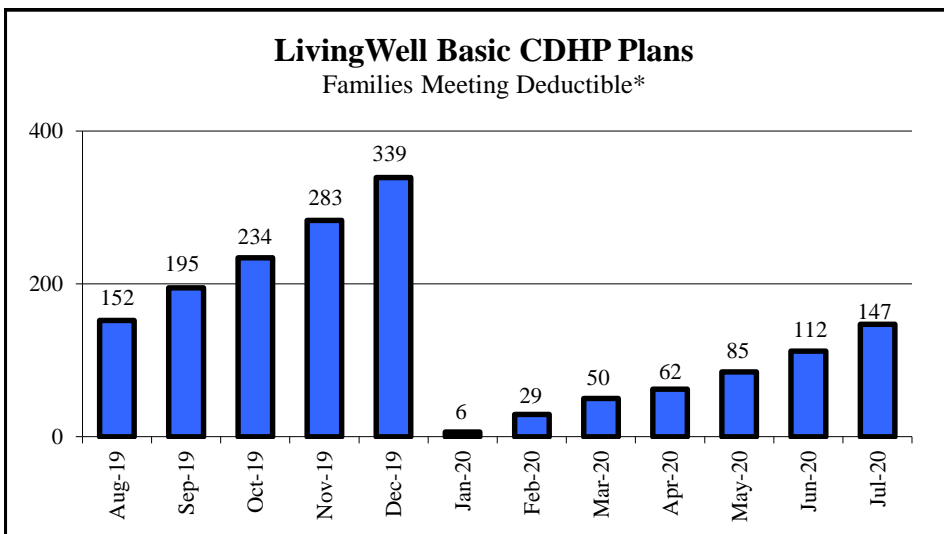
* 2019 LW High Deduct Individual deductible is \$4,000; in 2020, the deductible is \$4,250



* 2019 LivingWell Basic Individual deductible is \$1,750; in 2020, the deductible is \$2,000



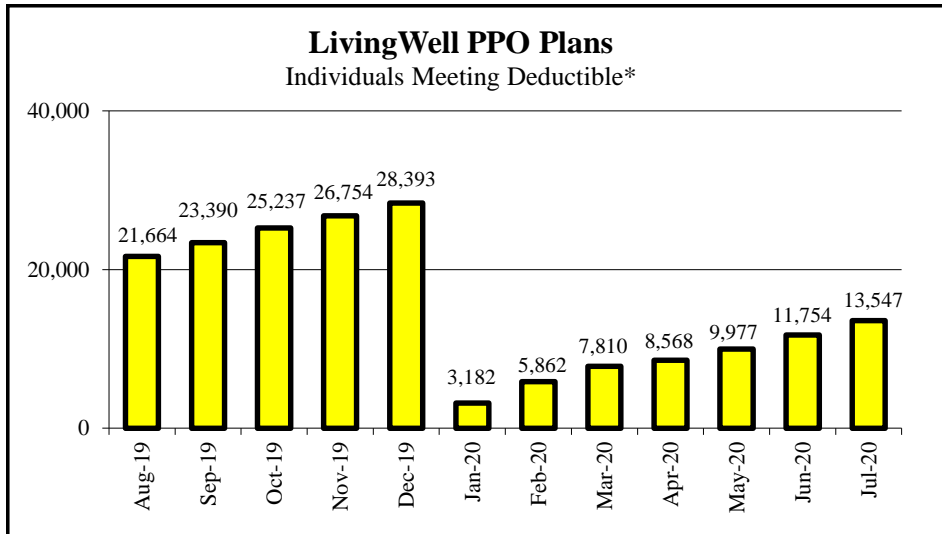
* 2019 LW High Deduct Family deductible is \$8,000; in 2020, the deductible is \$8,250



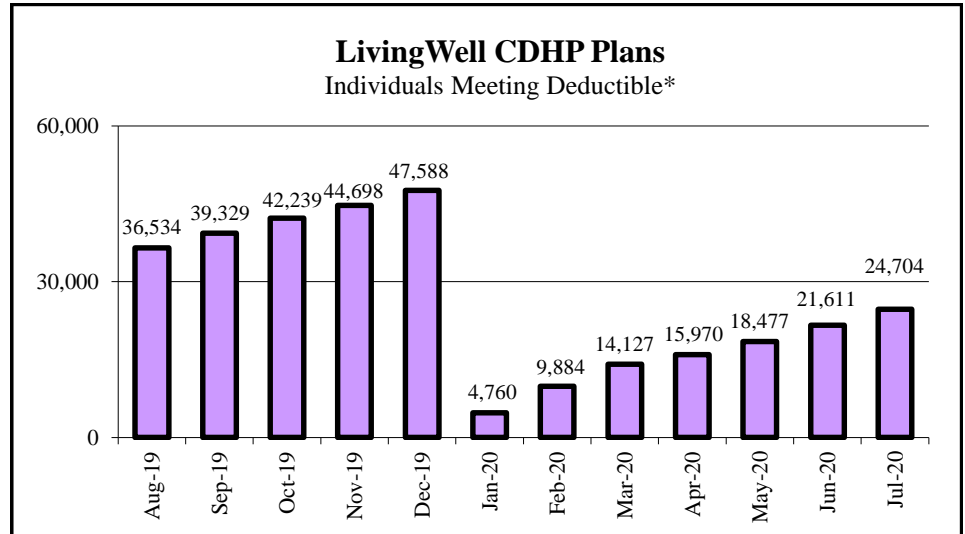
* 2019 LivingWell Basic Family deductible is \$3,500; in 2020, the deductible is \$3,750

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

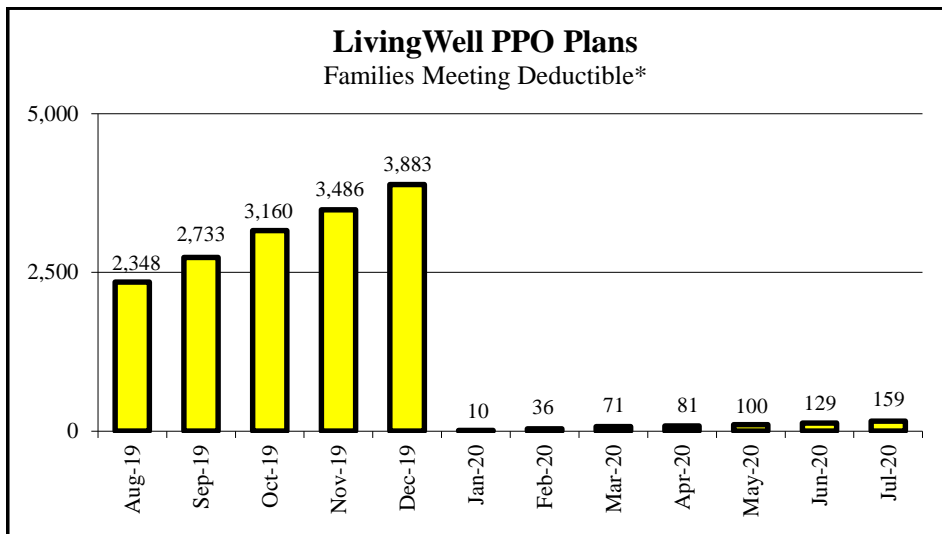
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



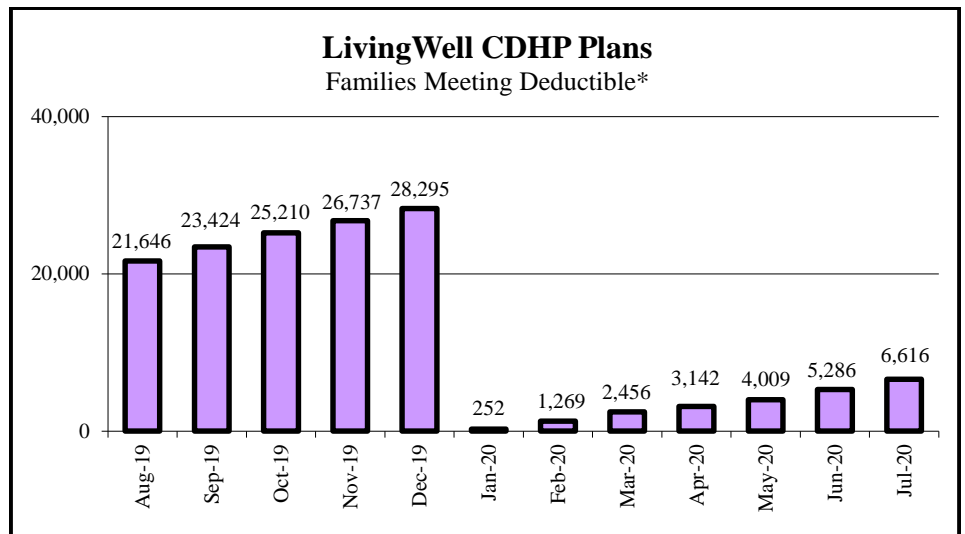
*2019 LivingWell PPO Individual deductible is \$750; in 2020, the deductible is \$1,000



* 2019 LivingWell CDHP Individual deductible is \$1,250; in 2020 the deductible is \$1,500



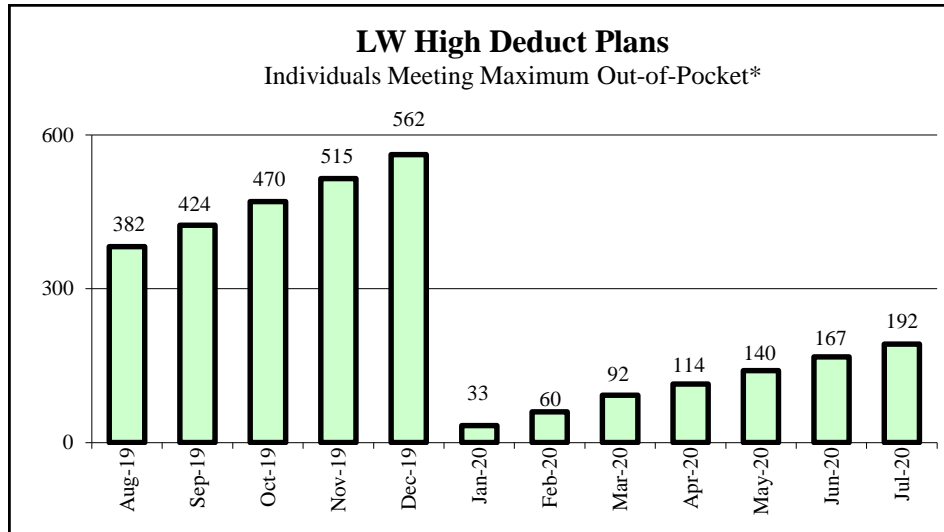
* 2019 LivingWell PPO Family deductible is \$1,500; in 2020, the deductible is \$1,750



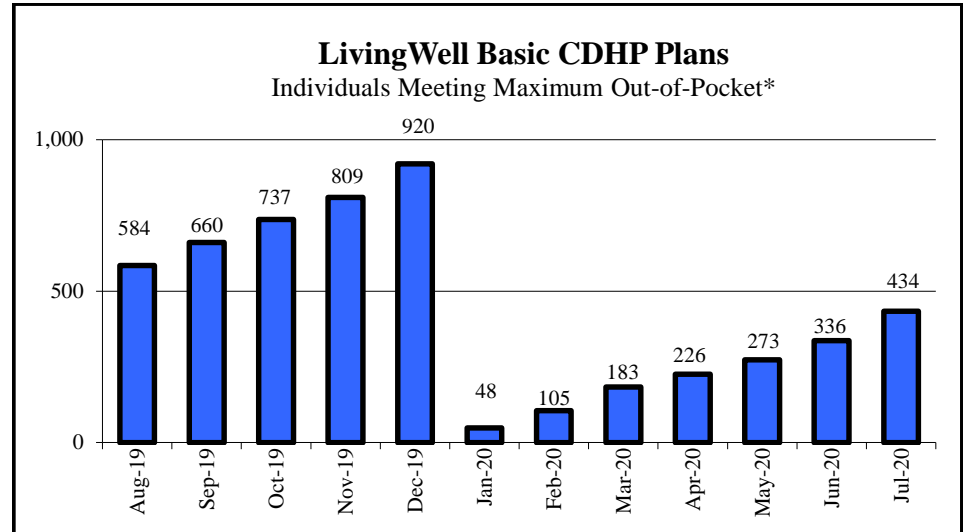
* 2019 LivingWell CDHP Family deductible is \$2,500; in 2020, the deductible is \$2,750

Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

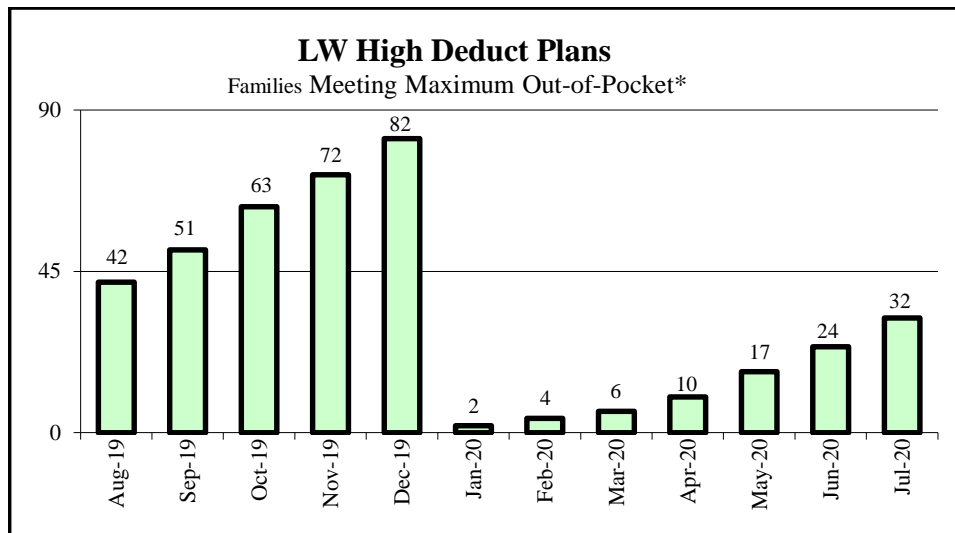
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



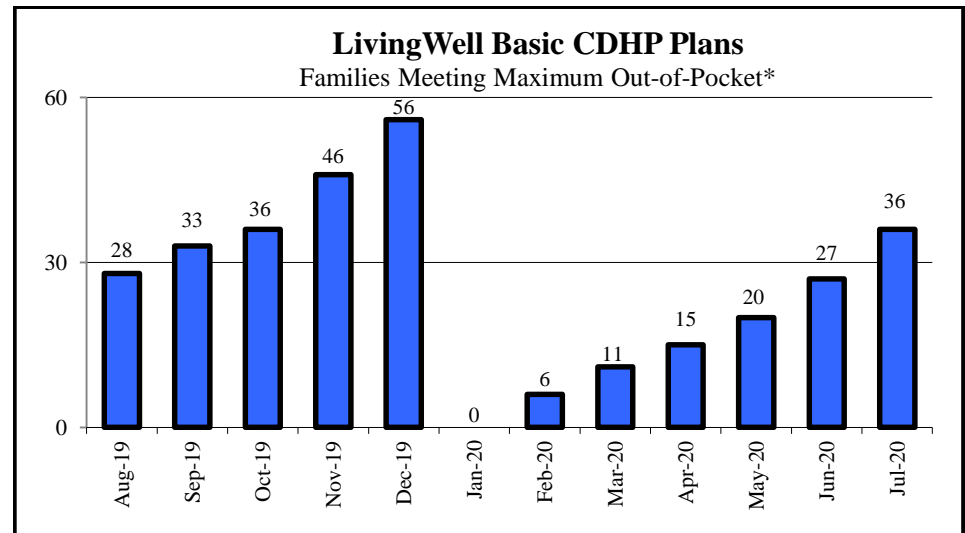
* 2019 LW High Deduct Individual MOOP is \$5,000; in 2020, the MOOP is \$5250



* 2019 LivingWell Basic CDHP Individual MOOP is \$3,750; in 2020, the MOOP is \$4,000



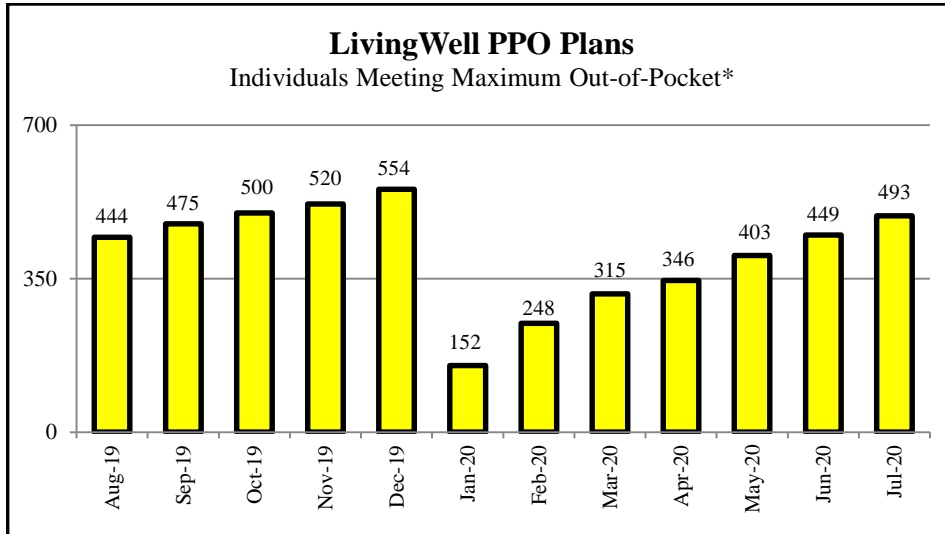
* 2019 LW High Deduct Family MOOP is \$10,000; in 2020, the MOOP is \$10,250



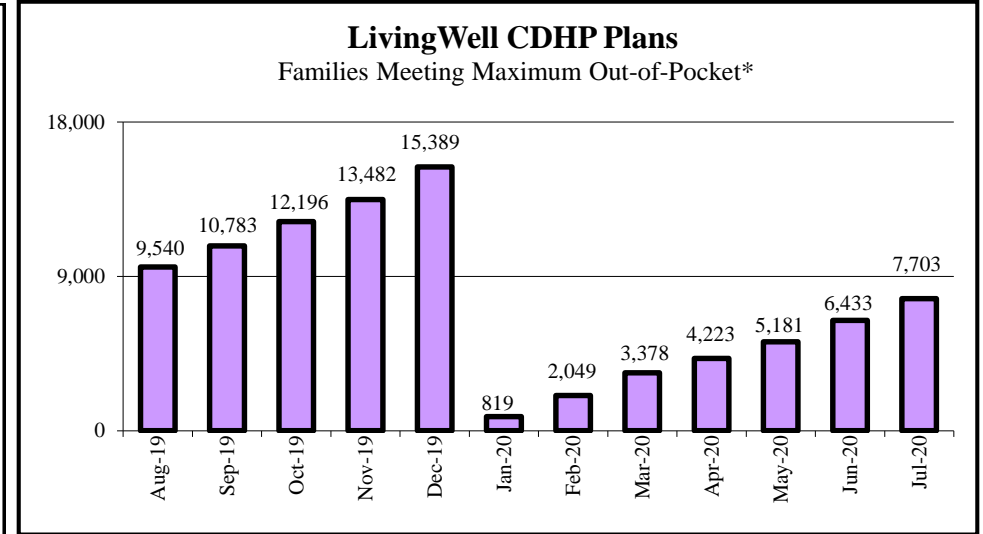
* 2019 LivingWell Basic CDHP Family MOOP is \$7,500; in 2020, the MOOP is \$7,750

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

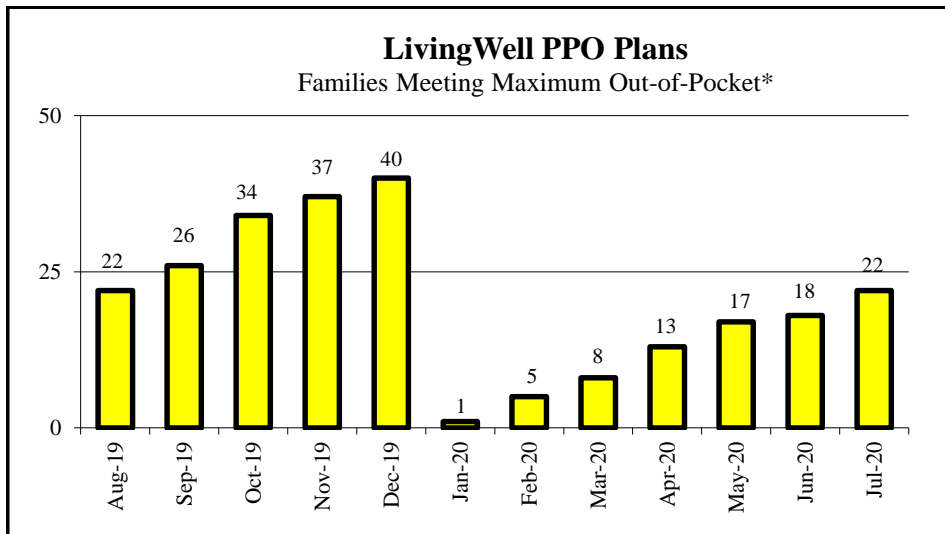
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



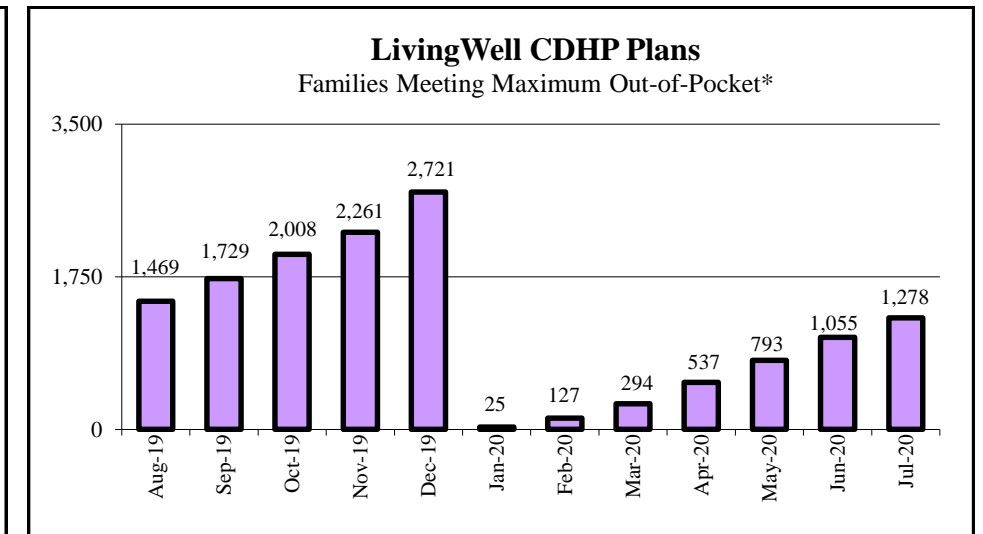
* 2019 LivingWell PPO Individual Maximum Out of Pocket is \$2,750; in 2020, the MOOP is \$3,000



* 2019 LivingWell CDHP Individual Maximum Out of Pocket is \$2,750; in 2020, the MOOP is \$3,000



* 2019 LivingWell PPO Family Maximum Out of Pocket is \$5,500; in 2020, the MOOP is \$5,750



* 2019 LivingWell CDHP Family Maximum Out of Pocket is \$5,500; in 2020, the MOOP is \$5,750

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2020. This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in Standard PPO (2014—2018) and LW High Deduct (2019-Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	MOOP	Meeting MOOP	Deductible	Meeting Deductible	MOOP	Meeting MOOP
2014	Standard PPO	\$750	34.91%	\$3,500	6.82%	\$1,500	10.68%	\$7,000	0.82%
2015	Standard PPO	\$750	33.28%	\$3,500	5.31%	\$1,500	9.53%	\$7,000	0.30%
2016	Standard PPO	\$750	34.21%	\$3,500	5.85%	\$1,500	10.07%	\$7,000	0.39%
2017	Standard PPO	\$750	35.00%	\$3,750	6.95%	\$1,500	7.06%	\$7,500	0.30%
2018	Standard PPO	\$750	36.19%	\$3,750	5.91%	\$1,500	7.62%	\$7,500	0.29%
2019	LW High Deduct	\$4,000	15.20%	\$5,000	14.47%	\$8,000	0.76%	\$10,000	1.48%
2020	LW High Deduct	\$4,250	8.02%	\$5,250	26.06%	\$8,250	1.61%	\$10,250	3.13%

Individuals and Families in Standard CDHP (2014—2018) and LW Basic CDHP (2019-Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-ductible	MOOP	Meeting MOOP	Deductible	Meeting De-ductible	MOOP	Meeting MOOP
2014	Standard CDHP	\$1,750	20.45%	\$3,500	7.38%	\$3,500	2.41%	\$7,000	0.47%
2015	Standard CDHP	\$1,750	18.67%	\$3,500	6.90%	\$3,500	1.88%	\$7,000	0.34%
2016	Standard CDHP	\$1,750	19.69%	\$3,500	7.96%	\$3,500	2.17%	\$7,000	0.47%
2017	Standard CDHP	\$1,750	16.92%	\$3,750	6.35%	\$3,500	2.38%	\$7,500	0.42%
2018	Standard CDHP	\$1,750	17.68%	\$3,750	6.66%	\$3,500	2.73%	\$7,500	0.77%
2019	LW Basic CDHP	\$1,750	17.32%	\$3,750	6.33%	\$3,500	3.18%	\$7,500	0.47%
2020	LW Basic CDHP	\$2,000	8.86%	\$4,000	2.77%	\$3,750	1.42%	\$7,750	0.35%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2020. This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in LivingWell PPO (2014—Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-ductible	MOOP	Meeting MOOP	Deductible	Meeting De-ductible	MOOP	Meeting MOOP
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	32.00%	\$2,750	0.65%	\$1,500	6.38%	\$5,500	0.08%
2018	LivingWell PPO	\$750	32.74%	\$2,750	0.74%	\$1,500	6.38%	\$5,500	0.07%
2019	LivingWell PPO	\$750	33.88%	\$2,750	0.66%	\$1,500	6.62%	\$5,500	0.06%
2020	LivingWell PPO	\$1,000	16.53%	\$3,000	0.60%	\$1,750	0.29%	\$5,750	0.04%

Individuals and Families in LivingWell CDHP (2014— Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-ductible	MOOP	Meeting MOOP	Deductible	Meeting De-ductible	MOOP	Meeting MOOP
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,250	28.23%	\$2,750	8.51%	\$2,500	17.56%	\$5,500	2.59%
2018	LivingWell CDHP	\$1,250	28.80%	\$2,750	8.97%	\$2,500	18.48%	\$5,500	3.04%
2019	LivingWell CDHP	\$1,250	0.77%	\$2,750	9.59%	\$2,500	18.67%	\$5,500	3.25%
2020	LivingWell CDHP	\$1,500	14.89%	\$3,000	4.64%	\$2,750	8.11%	\$5,750	1.57%

Premium

The following details the amount of premium* paid by the employee and employer for 2014-2019 and monthly through 2020.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
2018	\$262,595,375	\$1,384,164,265	\$1,646,759,641
2019	\$265,841,372	\$1,373,033,885	\$1,638,875,257
Jan 2020	\$23,238,148	\$114,593,946	\$137,832,095
Feb 2020	\$23,159,493	\$114,338,727	\$137,498,221
Mar 2020	\$23,187,743	\$114,388,728	\$137,576,472
Apr 2020	\$23,202,816	\$114,552,788	\$137,755,603
May 2020	\$23,196,797	\$114,505,118	\$137,701,916
Jun 2020	\$23,167,566	\$114,304,935	\$137,472,500
Jul 2020	\$23,029,641	\$113,710,824	\$136,740,466
Aug 2020	\$22,931,487	\$112,845,468	\$135,776,955
Sep 2020	\$22,755,592	\$112,066,002	\$134,821,594
Oct 2020	\$22,964,288	\$113,114,680	\$136,078,968

**Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx**
Nov 2019	308,907	4,253	38,810	11,548	363,518	84.98%	98.64%
Dec 2019	343,345	4,710	36,911	12,908	397,874	86.29%	98.65%
Jan 2020	324,152	5,844	31,285	12,487	373,768	86.73%	98.23%
Feb 2020	302,564	5,590	27,709	11,450	347,313	87.12%	98.19%
Mar 2020	329,122	6,228	32,665	13,654	381,669	86.23%	98.14%
Apr 2020	268,264	5,527	28,797	11,147	313,735	85.51%	97.98%
May 2020	268,288	5,473	28,270	10,646	312,677	85.80%	98.00%
Jun 2020	288,992	5,820	31,204	11,509	337,525	85.62%	98.03%
Jul 2020	290,385	5,923	31,045	11,147	338,500	85.79%	98.00%
Aug 2020	282,785	5,704	32,252	10,860	331,601	85.28%	98.02%
Sep 2020	278,056	5,633	44,589	10,986	339,264	81.96%	98.01%
Oct 2020	285,429	5,779	54,674	11,571	357,453	79.85%	98.02%

**Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

***Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script**	Patient Cost Per Script***
Aug 2019	261,307	153,942	348,687	1.33	2.82	\$128.36	\$117.19	\$14.27	\$24.22
Sep 2019	260,361	155,537	353,632	1.36	2.81	\$125.77	\$115.51	\$13.40	\$22.43
Oct 2019	264,145	171,641	390,106	1.48	2.88	\$123.09	\$113.58	\$13.58	\$20.90
Nov 2019	264,321	161,205	360,399	1.36	2.78	\$125.36	\$116.02	\$12.20	\$20.00
Dec 2019	264,585	161,593	397,092	1.50	2.96	\$126.42	\$117.18	\$13.39	\$21.92
Jan 2020	265,980	162,887	373,152	1.40	2.83	\$125.21	\$103.56	\$29.85	\$48.75
Feb 2020	265,107	158,223	348,193	1.31	2.72	\$129.42	\$109.87	\$25.20	\$42.22
Mar 2020	265,515	153,661	382,908	1.44	2.95	\$139.39	\$121.47	\$25.38	\$43.85
Apr 2020	266,038	129,124	314,147	1.18	2.77	\$154.88	\$136.95	\$20.60	\$42.44
May 2020	266,132	136,889	312,252	1.17	2.76	\$148.68	\$132.60	\$18.44	\$35.84
Jun 2020	265,885	150,210	336,498	1.27	2.85	\$151.91	\$136.17	\$19.48	\$34.48
Jul 2020	264,578	156,422	338,959	1.28	2.84	\$147.17	\$132.65	\$18.08	\$30.59

***"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

****"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

****"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan—Jul 2020.

Prev Rank	Curr Rank	Product Name*	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$22,910,272.83	7.73%	3,062	\$203.25	683
2	2	STELARA	Single source brand	Immunosuppressants	\$9,705,472.84	3.28%	538	\$277.98	209
3	3	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$6,767,960.59	2.28%	7,504	\$25.40	1,656
4	4	ENBREL	Single source brand	Immunosuppressants	\$6,438,585.71	2.17%	821	\$184.86	225
5	5	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$5,801,745.32	1.96%	8,809	\$13.84	2,507
6	6	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$5,688,200.52	1.92%	4,690	\$36.61	1,531
7	7	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$5,539,259.73	1.87%	7,820	\$14.88	2,131
8	8	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$5,202,476.06	1.76%	5,809	\$20.83	1,637
9	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$4,454,075.40	1.50%	4,098	\$25.40	1,153
12	10	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$4,150,965.32	1.40%	5,936	\$15.35	1,646
11	11	TRIKAFTA	Single source brand	Respiratory Tract Agents	\$4,145,814.62	1.40%	178	\$831.82	26
10	12	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$4,133,559.76	1.40%	356	\$251.43	85
13	13	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$3,963,716.24	1.34%	4,265	\$22.05	1,460
14	14	COSENTYX	Single source brand	Immunosuppressants	\$3,751,828.64	1.27%	573	\$187.29	126
15	15	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$3,692,035.05	1.25%	3,389	\$26.54	901
17	16	ROSUVASTATIN	Multisource generic	Cardiovascular Agents	\$3,355,195.11	1.13%	23,842	\$2.52	7,986
18	17	HUMATROPE	Single source brand	Hormones & Synthetic Subst	\$3,146,853.16	1.06%	270	\$222.55	88
19	18	GILENYA	Single source brand	Misc Therapeutic Agents	\$3,118,519.74	1.05%	206	\$272.12	58
20	19	DUPIXENT	Single source brand	Immunosuppressants	\$3,043,492.41	1.03%	1,182	\$87.77	242
21	20	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$2,986,301.52	1.01%	5,542	\$13.58	1,480
22	21	OTEZLA	Single source brand	Misc Therapeutic Agents	\$2,948,049.69	0.99%	803	\$100.48	207
16	22	DUEXIS	Single source brand	Central Nervous System	\$2,858,630.71	0.96%	1,434	\$65.77	446
24	23	OZEMPIC 1 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$2,802,401.75	0.95%	2,737	\$25.66	741
23	24	TALTZ	Single source brand	Immunosuppressants	\$2,702,239.30	0.91%	386	\$211.15	78
25	25	OZEMPIC 0.25 MG OR 0.5 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$2,638,085.22	0.89%	2,780	\$24.81	889

*“Product Name” includes all strengths/formulations of a drug.

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 4.08% of total scripts and 42.51% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$125,945,737	97,030	4,363,835
All Product Names	\$296,305,299	2,375,385	92,377,187
Top Drugs as Pct of All Drugs	42.51%	4.08%	4.72%

Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan—Jul 2020.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$40,576,234	\$213,250	\$40,333,509	0.00	0.00	952.09	0.41	114,936	\$353.03
2	2	Chemotherapy Encounters	\$33,603,676	\$4,325,369	\$29,278,307	0.58	6.03	2.19	0.00	636	\$52,835.97
3	3	Osteoarthritis	\$21,628,252	\$7,023,726	\$14,597,541	1.30	1.73	115.93	0.21	10,917	\$1,981.15
4	4	Signs/Symptoms/Oth Cond, NEC	\$16,935,479	\$2,968,114	\$13,855,950	0.65	6.66	402.12	8.08	58,272	\$290.63
5	5	Coronary Artery Disease	\$15,889,952	\$8,389,589	\$7,482,494	1.43	3.29	25.59	1.70	3,465	\$4,585.84
6	6	Pregnancy without Delivery	\$15,807,660	\$12,718,424	\$3,088,818	0.51	2.77	81.30	4.08	3,961	\$3,990.83
8	7	Spinal/Back Disord, Low Back	\$13,716,893	\$5,744,370	\$7,971,481	0.56	3.41	504.54	2.99	20,522	\$668.40
7	8	Infections, NEC	\$13,504,997	\$10,916,430	\$2,565,884	0.12	4.79	115.45	2.52	23,927	\$564.42
10	9	Gastroint Disord, NEC	\$11,266,203	\$2,829,511	\$8,435,392	0.93	3.71	112.61	12.17	18,215	\$618.51
9	10	Respiratory Disord, NEC	\$11,134,681	\$4,466,585	\$6,625,563	0.27	5.88	66.51	7.39	13,793	\$807.27
12	11	Arthropathies/Joint Disord NEC	\$11,013,794	\$873,296	\$10,121,529	0.19	6.37	503.21	4.40	31,018	\$355.08
11	12	Cardiac Arrhythmias	\$10,375,016	\$3,302,508	\$7,063,334	0.59	2.93	30.12	1.76	4,232	\$2,451.56
13	13	Cancer - Breast	\$10,249,552	\$427,710	\$9,784,809	0.06	4.40	23.71	0.01	1,682	\$6,093.67
14	14	Diabetes	\$9,261,359	\$2,445,080	\$6,805,025	1.65	5.53	213.75	1.67	21,600	\$428.77
15	15	Cerebrovascular Disease	\$8,874,712	\$6,237,690	\$2,534,902	1.30	6.84	8.29	1.41	1,206	\$7,358.80
16	16	Condition Rel to Tx - Med/Surg	\$8,797,814	\$5,686,500	\$3,101,502	1.05	4.91	4.63	1.52	2,601	\$3,382.47
17	17	Newborns, w/wo Complication	\$8,343,197	\$8,148,768	\$194,402	8.82	2.70	8.13	0.17	1,738	\$4,800.46
18	18	Renal Function Failure	\$8,050,989	\$1,659,559	\$6,369,291	0.21	4.91	13.58	0.58	2,024	\$3,977.76
19	19	Neurological Disorders, NEC	\$7,288,737	\$2,812,344	\$4,430,243	0.58	9.78	58.79	1.12	5,479	\$1,330.30
22	20	Cardiovasc Disord, NEC	\$7,247,680	\$2,355,335	\$4,825,148	0.36	5.39	59.82	7.28	10,401	\$696.83
20	21	Spinal/Back Disord, Ex Low	\$7,135,682	\$2,253,011	\$4,882,560	0.18	3.79	455.16	1.74	16,807	\$424.57
21	22	Radiation Therapy Encounters	\$6,616,677	\$2,348	\$6,614,329	0.00	0.00	2.51	0.01	241	\$27,455.09
24	23	Urinary Tract Calculus	\$6,348,342	\$371,080	\$5,977,262	0.37	2.45	16.72	5.15	2,516	\$2,523.19
23	24	Cholecystitis/Cholelithiasis	\$5,921,025	\$1,160,110	\$4,760,639	0.43	4.13	3.54	1.37	997	\$5,938.84
-	25	Multiple Sclerosis	\$5,502,629	\$55,538	\$5,445,972	0.04	4.00	4.92	0.03	437	\$12,591.83

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.15% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$315,091,232	\$97,386,246	\$217,145,887	22.20	4.26	3,785.21	67.76
All Clinical Conditions	\$541,813,684	\$167,362,074	\$372,974,123	53.30	4.30	8,209.76	159.79
Top Clinical Conditions as Pct of All Clinical Conditions	58.15%	58.19%	58.22%	41.64%	98.88%	46.11%	42.40%

Claims Lag Analysis

The following claims lag information is based on Incurred Medical Claims from Jan—Jul 2020.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	2,499,268	19	88.91%	97.36%	99.28%
LivingWell PPO	1,563,538	19	89.15%	97.51%	99.36%
LW Limited High Deductible	30,523	28	79.92%	93.81%	98.01%
LivingWell Basic CDHP	142,843	19	88.00%	96.68%	99.08%
Missing	8,458	36	71.82%	91.05%	94.97%
All Plans	4,244,630	19	88.82%	97.33%	99.27%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Aug 2019	\$4,173,635.69	\$2,109,130.28	\$911,186.59	\$828,407.87	\$389,980.21	\$104,025.19
Sep 2019	\$13,123,032.47	\$2,601,449.39	\$774,130.84	\$481,600.21	\$1,469,533.98	(\$1,128.30)
Oct 2019	\$58,039,371.60	\$10,517,223.16	\$2,218,868.42	\$1,949,123.12	\$1,231,210.12	\$783,511.99
Nov 2019	\$74,556,317.98	\$50,653,401.61	\$9,384,240.84	\$4,415,283.29	\$2,123,817.01	\$1,008,264.25
Dec 2019	\$7,339.66	\$81,380,136.05	\$49,552,537.94	\$21,354,770.58	\$4,729,536.35	\$1,451,240.43
Jan 2020	\$0.00	\$14,829.81	\$44,737,888.48	\$38,791,130.23	\$24,042,105.58	\$3,750,604.06
Feb 2020	\$0.00	\$0.00	\$7,366.08	\$43,447,026.20	\$51,830,360.52	\$16,638,617.19
Mar 2020	\$0.00	\$0.00	\$0.00	\$6,007.53	\$56,983,951.14	\$40,902,726.08
Apr 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$8,444.81	\$47,141,828.77
May 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,100.82
Jun 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jul 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
Aug 2019	\$112,232.96	\$188,465.08	\$88,094.42	\$18,880.01	\$45,960.06	\$120,101.22
Sep 2019	\$165,285.84	\$75,338.13	\$55,528.98	\$82,107.94	\$31,730.28	\$37,820.15
Oct 2019	\$297,752.12	\$165,213.73	\$53,264.60	\$201,086.53	\$4,742.72	\$41,145.44
Nov 2019	\$471,524.86	\$250,664.84	\$106,943.96	\$107,839.08	\$134,176.50	\$59,036.96
Dec 2019	\$2,162,988.50	\$1,514,344.02	\$841,251.82	\$187,018.38	\$119,391.26	\$49,577.62
Jan 2020	\$1,777,009.48	\$412,936.82	\$158,260.09	\$297,813.85	\$162,204.20	\$51,555.25
Feb 2020	\$3,907,619.31	\$1,233,919.73	\$708,677.70	\$380,456.86	\$251,378.09	\$25,828.10
Mar 2020	\$13,671,468.54	\$3,858,430.27	\$836,289.98	\$1,055,698.41	\$261,195.12	\$186.54
Apr 2020	\$30,243,080.76	\$13,491,002.94	\$2,766,982.47	\$1,793,724.34	\$426,393.68	\$498,999.92
May 2020	\$47,303,619.12	\$46,000,433.67	\$15,901,700.62	\$3,805,542.61	\$1,649,623.34	\$945,670.60
Jun 2020	\$25,477.07	\$60,391,405.43	\$47,450,417.03	\$22,131,112.19	\$4,678,807.61	\$2,752,053.40
Jul 2020	\$0.00	\$39,803.23	\$55,056,135.65	\$56,672,099.47	\$22,423,424.26	\$5,667,643.45

Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan—Jul 2020.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,073	\$6,152,589.55	\$5,733.24	1,153	\$9,476,955.14	\$8,220.41
Ages 1-4	5,078	\$5,546,103.50	\$1,092.12	5,435	\$7,626,510.04	\$1,403.26
Ages 5-9	7,734	\$6,014,944.58	\$777.74	8,201	\$6,790,595.42	\$828.03
Ages 10-14	9,400	\$11,952,767.20	\$1,271.63	9,785	\$13,038,967.89	\$1,332.51
Ages 15-17	6,161	\$10,546,873.99	\$1,711.80	6,304	\$9,442,308.99	\$1,497.90
Ages 18-19	4,097	\$7,659,766.44	\$1,869.67	4,272	\$5,347,188.07	\$1,251.56
Ages 20-24	10,140	\$19,035,829.22	\$1,877.38	9,587	\$11,881,857.59	\$1,239.37
Ages 25-29	8,303	\$17,352,073.77	\$2,089.96	5,073	\$5,830,537.33	\$1,149.29
Ages 30-34	9,109	\$24,752,812.62	\$2,717.36	5,155	\$9,248,559.66	\$1,794.00
Ages 35-39	11,121	\$32,165,107.96	\$2,892.36	6,552	\$11,518,775.32	\$1,758.02
Ages 40-44	12,437	\$42,560,005.97	\$3,422.13	7,485	\$17,499,085.36	\$2,337.75
Ages 45-49	14,265	\$52,169,839.45	\$3,657.16	9,018	\$28,335,918.41	\$3,142.15
Ages 50-54	15,022	\$65,110,117.59	\$4,334.19	9,697	\$43,400,221.37	\$4,475.50
Ages 55-59	17,186	\$85,937,588.88	\$5,000.57	10,813	\$56,257,547.19	\$5,202.56
Ages 60-64	19,129	\$106,409,769.71	\$5,562.62	11,585	\$74,814,441.39	\$6,457.63
Ages 65-74	2,648	\$15,556,955.50	\$5,874.35	2,235	\$17,941,296.73	\$8,028.45
Ages 75-84	173	\$690,145.45	\$3,992.58	163	\$2,332,021.78	\$14,269.36
Ages 85+	4	\$5,755.47	\$1,492.16	9	\$35,204.95	\$3,911.66
Total	153,079	\$509,619,046.85	\$3,329.12	112,524	\$330,817,992.63	\$2,939.97

Allowed Amount Distribution by Member Count

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2014—2019 and year to date for 2020.

Allowed Amount	2014	2015	2016	2017	2018	2019	2020
less than 0.00	22	4	2	1	5	17	8
\$0.00 - \$499.99	66,180	72,760	72,608	71,180	69,971	67,335	93,041
\$500.00 - \$999.99	39,137	39,862	40,982	41,563	42,893	41,358	40,255
\$1,000.00 - \$1,999.99	43,065	41,247	40,963	42,085	43,473	43,497	35,210
\$2,000.00 - \$4,999.99	51,911	49,217	48,716	49,648	50,029	50,751	33,965
\$5,000.00 - \$9,999.99	29,515	26,834	27,302	26,817	27,360	27,910	16,532
\$10,000.00 - \$14,999.99	12,825	11,369	11,647	12,107	12,427	12,821	7,290
\$15,000.00 - \$19,999.99	6,755	5,605	6,152	6,389	6,799	7,357	3,612
\$20,000.00 - \$29,999.99	6,374	5,612	5,909	6,229	6,838	7,130	3,752
\$30,000.00 - \$49,999.99	5,272	4,475	4,841	5,064	5,390	5,959	3,193
\$50,000.00 - \$74,999.99	2,520	2,225	2,347	2,673	2,778	3,018	1,472
\$75,000.00 - \$99,999.99	1,037	944	1,115	1,201	1,330	1,447	590
\$100,000.00 - \$149,999.99	846	777	886	959	1,043	1,173	576
\$150,000.00 - \$199,999.99	344	320	330	369	443	501	215
\$200,000.00 - \$249,999.99	179	148	174	168	205	216	111
over \$249,999.99	326	231	252	292	318	395	163
Total	266,308	261,630	264,226	266,745	271,302	270,885	239,985

Summary of Enrollment and Claims

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Aug 2019	261,307	\$139,603,784.74	\$98,740,438.36	\$40,863,346.38	656,199	299,670	348,687
Sep 2019	260,361	\$134,300,059.34	\$93,450,499.36	\$40,849,559.98	654,687	293,278	353,632
Oct 2019	264,145	\$150,088,158.64	\$105,779,646.04	\$44,308,512.60	742,017	343,703	390,106
Nov 2019	264,321	\$143,332,048.94	\$101,519,222.26	\$41,812,826.68	676,110	307,783	360,399
Dec 2019	264,585	\$163,218,182.37	\$116,685,972.74	\$46,532,209.63	726,101	320,967	397,092
Jan 2020	265,980	\$114,173,668.92	\$75,530,653.19	\$38,643,015.73	706,488	324,128	373,152
Feb 2020	265,107	\$118,391,594.32	\$80,134,286.00	\$38,257,308.32	655,061	298,961	348,193
Apr 2020	266,038	\$96,499,945.35	\$53,477,737.72	\$43,022,207.63	463,533	143,446	314,147
Mar 2020	265,515	\$117,521,221.87	\$71,008,870.24	\$46,512,351.63	628,085	238,664	382,908
May 2020	266,132	\$115,778,681.30	\$74,373,278.21	\$41,405,403.09	536,838	218,102	312,252
Jun 2020	265,885	\$137,742,888.77	\$91,921,081.38	\$45,821,807.39	641,924	297,947	336,498
Jul 2020	264,578	\$140,329,038.95	\$95,367,776.81	\$44,961,262.14	672,055	325,530	338,959

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Aug 2019 - Jul 2020	264,496	\$1,578,153,102	\$1,065,056,564	\$513,096,538
Aug 2018 - Jul 2019	262,466	\$1,573,272,868	\$1,099,490,393	\$473,782,475
% Change (Roll Yrs)	0.77%	0.31%	-3.13%	8.30%

Appendix A

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. IBM Watson Health warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2019, Advantage Suite processed enrollment information for a total of 263,771 members as well as 8,140,840 claims (3,671,772 Medical claims and 4,372,489 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

Appendix B—Definitions

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.
- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.

Appendix B—Definitions *(continued)*

- ***Plan*** is Standard PPO, Standard CDHP, LivingWell Basic CDHP, LW High Deductible Plan, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.